

**Alternatives to Abortion Invoice**

<b>Contract #</b>	CS170042006	<b>Vendor Name:</b>	The Light House Inc
<b>Vendor Number:</b>	43156952500/MB00094162	<b>Vendor Address:</b>	P.O. Box 22553 Kansas City, MO 64113

**Bill To:** Office of Administration  
Commissioner's Office  
201 W. Capitol Ave, Room 125  
Jefferson City, MO 65101

**Invoice Number:** \_\_\_\_\_  
**Invoice Date:** \_\_\_\_\_  
**Service Period:** \_\_\_\_\_

Total Contracted Allocation	Prior Invoiced Total	Monthly Award Amount
\$ 83,333.33	\$ -	\$ 16,666.67
Quarterly expenditure adjustment:		\$ -
Total Due:		<b>\$ 16,666.67</b>
Allocation Remaining		\$ 66,666.66

**Signature:** \_\_\_\_\_

